Kindergarten

School/Facility Annual Immunization Survey Worksheet

See Instructions for filling out the School/Facility Annual Immunization Survey Worksheet and the EXAMPLE

County:	School/Facility Name:
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Certificate Information						Vaccine Specific Information					
	Data of Birth	Certificate	Current/	Medical	Religious	No	DTaP/DTP/ DT	Polio	Hepatitis B	MMR	Varicella
Child ID #	Date of Birth (MM/DD/YY)	Expiration Date (MM/DD/YY)	Provisional Certificate	Exemption	Exemption	Certificate on File	# of doses on record				
Totals											

NOTE: Totals are not a sum of the number of doses. Totals indicate the number of children with a particular count of vaccine. See EXAMPLE for details.

^{***}Please make a copy of this form and turn it in with the School/Facility Annual Immunization Survey.***